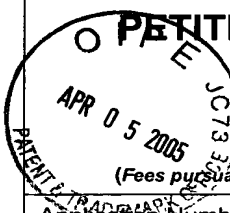



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PTO/SB/22 (12-04)

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 <p>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</p>		<p>Docket Number (Optional)</p> <p style="text-align: center; font-size: 1.2em;">1064.44740CP</p>	
<p>Application Number 09/852,209</p>		<p>Filed May 10, 2001</p>	
<p>Title Platelet-Derived Growth Factor C, DNA Coding Therefor and Uses Thereof</p>			
<p>Art Unit 1647</p>		<p>Examiner L. Spector</p>	
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p>			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 900.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is authorized to charge Deposit Account No. 50-1323 in the amount of \$900.00 for the three month extension of time fee (\$1020-\$120).</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies or credit any overpayment to Deposit Account Number 05-1323 (029065.44740CP). I have enclosed a duplicate copy of this sheet.</p>			
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>			
<p>I am <input type="checkbox"/> the applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>44,872</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p>			
<p> _____ Signature Kening Li _____ Typed Or Printed Name</p>		<p>April 5, 2005 _____ Date 202-624-2500 _____ Telephone Number</p>	
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			
<p><input checked="" type="checkbox"/> Total of <u>1</u> (in duplicate) forms is/are submitted.</p>			

04/20/2005 JBALINAN 00000045 051323 09852209

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